

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>THE UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>00-CV-2229</b>	
DEFENDANT <b>ALFRED ZOTYNIA &amp; TINA ZOTYNIA</b>		TYPE OF PROCESS <b>NOTICE</b> <b>of US MARSHAL SALE</b>	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>ALFRED ZOTYNIA</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>HC #1 Box 123 Greeley PA 18425</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<input type="checkbox"/> GOLDBECK McCAFFERTY & McKEEVER Mellon Independence Center Suite 5000 701 Market Street Philadelphia, PA 19106-1532		Number of process to be served with this Form - 285	
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PLEASE SERVE ABOVE DEFENDANT OR PERSON  
IN CHARGE

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Joseph A. Goldschmidt*

215-627-1322

5-6-04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. <b>607</b>	No. <b>607</b>		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

**FILED**  
**SCRANTON**

**JUN 22 2004**

Date of Service      Time      am  
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Amount paid to U.S. Marshal or	Amount of Refund
				<b>DEPUTY CLERK</b>	

## REMARKS:

1st Enderon (1) DUSM 90 miles R&TP wife advised he  
6/18/04 - moved to SCRANTON but she could advise an address.  
she has no contact with him. RT. *Unexecuted*